



Regulatory and Economic Resources
Herbert S. Saffir Permitting and Inspection Center
11805 S.W. 26th Street
Miami, FL 33175-2474
786-315-2100
miamidade.gov/permits

CONTACT INFORMATION FOR PERMIT APPLICATION

Dear Applicant:

Please complete the following information. Your email address is required so you can be notified on the status of your plans.

First Name: (PRINT CLEARLY) Norge Last Name: (PRINT CLEARLY) Storres

Cellular Number: 786-337-2095 -- Office/Home Number: 305-924-8653

EMAIL Address: lnlandave88@gmail.com

Comments:

Revision

If you are submitting a municipal plan, please provide the municipal process number(s) and ensure the municipal application is in the office set of plans

Permit Records Section
Scanned by: <u>Chad</u>
Date: <u>5-4-16</u>

PLEASE INDICATE IF PLANS ARE

- | | |
|---|--|
| <input type="checkbox"/> GOV'T PROJECT/ DEPT | <input type="checkbox"/> GREEN BLDG (NEW CONSTRUCTION ONLY)* |
| <input type="checkbox"/> AFFORDABLE/ WORKFORCE HOUSING* | <input type="checkbox"/> ECONOMIC SIGNIFICANCE* |

(*Pursuant to Ordinance 99-140; Ordinance 05-115; and Ordinance 08-51. Project may have additional requirements.)

REQUESTED REVIEWS

- | | | | | | |
|---|--|--|---|-------------------------------|-------------------------------|
| <input type="checkbox"/> ALL | <input checked="" type="checkbox"/> BLDG | <input checked="" type="checkbox"/> DERM | <input type="checkbox"/> ELEC | <input type="checkbox"/> ENRG | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> HCAP | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> MECH | <input type="checkbox"/> PLUM | <input type="checkbox"/> PWKS | <input type="checkbox"/> PWCC |
| <input type="checkbox"/> ROOF | <input type="checkbox"/> SIGN | <input type="checkbox"/> STRU | <input checked="" type="checkbox"/> ZNPR | <input type="checkbox"/> WASD | <input type="checkbox"/> PWIF |
| <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK | | | <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK | | |
| <input type="checkbox"/> OPTIONAL PLAN REVIEW | | | | | |
| <input type="checkbox"/> BLDG <input type="checkbox"/> ELEC <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> STRU | | | | | |

-FOR OFFICE USE ONLY-

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

Application Date: 5/4/16 Clerk Name: Angel Molina Arrival Time: 8:08

Miami-Dade County Department of Regulatory and Economic Resources - Job Copy

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contact sheet.pdf

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- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Re-Issue | <input checked="" type="checkbox"/> Plan Revision |
| <input type="checkbox"/> Rework | <input type="checkbox"/> Shop Drawing |